TO 915712732885 P.01/04 Docket No. ATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) 136320-0015 Robert R. SUTTER, JR. et al. Group Art Unit Examiner Filing Date Application No. 3636 Anthony Barfield March 10, 2004 10/797,294 Invention: FOLDABLE HEAD RESTRAINT Transmittal of Payment of Issue Fee, Part B-Fee Transmittal and Fee Transmittal I hereby certify that this (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-2885 July 9, 2009 (Date) Michael S. Gzybowski (Typed or Printed Name of Person Signing Certificate)

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Applicant(s): Robert R. SUTTER, JR. et al.							
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Application No.	Filing Date	Examiner	1	Customer No.	Group Art Unit	Confirmation No.	
10/797,294 March 10, 2004		Anthony Barfield	d	35684	3636	4428	
Invention:							
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oction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriators Act, 2005 (H.R. 4818) 10/797,294 Application Number FEE TRANSMIT March 10, 2004 Filing Date Robert R. SUTTER, JR. et al. For FY 2008 First Named Inventor Anthony Barfield Examiner Name Applicant claims small entity status. See 37 CFR 1.27 3636 Art Unit 136320-0015 Attorney Docket No. \$1,810.00 TOTAL AMOUNT OF PAYMENT METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): **Butzel Long** Deposit Account Name: Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or any underpayments of fee(s) under 37 CFR 1.18 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** SEARCH FEES FILING FEES Small Entity Small Entity Small Entity Fees Paid(\$) Fee (\$) Fee (\$) Fee (5) Fee\_(\$) Fee (\$) Fee (\$) Application Type 210 105 510 255 310 155 Utility 65 130 50 100 210 105 Design 80 160 310 155 210 105 **Plant** 310 620 510 255 310 155 Reissue O 0 0 210 105 **Provisional** Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description 25 50 Each claim over 20 (Including Relssues) 210 105 Each independent claim over 3 (including Reissues) 185 370 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) Extra Claims Total Claims \$0.00 \$50.00 = - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Ciaims Fee (\$) Indep, Claims -3 or HP =

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SUBMITTED BY Registration No Telephone 734-995-3110 32.816 **Signature** Michael S. Gzybowski Name (Print/Type)

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